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STATE OF COLORADO DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

STATE SERVICES BUILDING 1525 Sherman Street - 7th Floor Denver, Colorado 80203 Phone (303) 866-4500 FAX (303) 866-5691

APPLICATION FOR REPOSSESSOR BOND

[Pursuant to C.R.S. § 4-9-629, C.R.S. (2009)]

	Dil. D		USE ONLY*		
	Filing Date:		Fili	ing fee:	—
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(Please c	heck one) Initial A	pplication @ \$150	.00 □ Revised A	Application @ \$25	5.00
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Address:					
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Residence Address:Stree	et City			7. 0.1
 Please provide the following inforbond: 			•	State Zip Code applicant's repossessor
* Name				
Address:Street				7:- 0-1-
Telephone number: ()				Zip Code ense No
		_	21/18/01/210	
Is surety authorized to transact bus	siness in Colorado?	Yes	No	
Has applicant been involved in ar such litigation pending against app	•		with respect t	o its business, or is any
If yes, please specify: (Attach mor	re sheets if necessary	y.)		
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Telephone: (303) 866-5079